



Retail Food Establishment Inspection Report

Floyd County Health Department
Telephone: 812-948-4726

X 1060

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name PRIDE Bar + Lounge			Telephone Number 812 207 9486	Date of Inspection (mm/dd/yr) 5/16/2019	PERMIT # 19-234
Establishment Address (number and street, city, state, zip code) 504 State St New Albany, IN 47150			812 207 6103		
Owner Warren Brown / Dan Harkin			Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up NO	Release Date TODAY
Owner's Address				Summary of Violations: C 1 NC 2 R 2	
Person in Charge Warren Brown				Menu Type (See back of page) 1 2 X 3 4 5	
Responsible Person's E-mail					
Certified Food Manager Must renew within 60 days					
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"					
Section#	C/NC	R	Narrative	To Be Corrected By	
118	C		Observed establishment without CFM/CFH - 5 year "Food Safety Manager" - must test in person / NOT ONLINE	60 days	
			Discussed moving to Menu Type 1		
Received by (name and title printed):			Inspected by (name and title printed):		
Warren Brown			A.J. Ingram (EHS)		
Received by (signature):			Inspected by (signature):		
<i>[Signature]</i>			<i>[Signature]</i>		
cc:		cc:		cc:	